



City of Sioux Falls
POLICE DEPARTMENT

320 West Fourth Street • Sioux Falls, SD 57104 • 605-367-7226

November 7, 2019

To Lucy Parsons Labs:

In reference to your records request from the Sioux Falls Police Department and/or the Minnehaha County Sheriff's Office, we are unable to furnish you with this information. Per South Dakota State Statutes: 23-5-7, 23-5-10, and 23-5-11, our files and their contents are deemed confidential and unavailable to anyone outside law enforcement personnel.

In addition, any arrests made by state or federal entities are not kept in our local records system and must be requested through the appropriate jurisdiction.

The Central State Repository is housed by the Division of Criminal Investigations and contains all records for the state of South Dakota. You may submit your request to the address listed below. Please note you will be required to submit a signed waiver (enclosed), one set of fingerprints, and a \$24 fee. Mail the request and payment to:

Division of Criminal Investigations
George S. Mickelson Criminal Justice Center
1302 East Highway 14, Suite 5
Pierre, SD 57501-8505

If you have questions pertaining to this process, please contact us at 605-367-7226. Our customer service hours are 8 a.m. to 5 p.m., Monday through Friday.

Sincerely,

Police Records

Enclosure

Office of the Attorney General
Division of Criminal Investigation
1302 East Highway 14, Suite 5
Pierre, SD 57501-8505
605-773-3331

Authorization and Release

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to _____ Any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to _____, I, _____, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 20____, at _____.

(Signature)

Witness: _____

Witness: _____

Mail Response To: _____

